Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

June 10, 2009

Alan Yamamoto, Director San Benito County Mental Health 1131 San Felipe Road, Suite 104 Hollister, CA 95023

Dear Mr. Yamamoto:

AUDIT REPORT - SAN BENITO COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of San Benito County Mental Health Services for the fiscal period July 1, 2004 to June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	Settled	Allowed	Adjustment
Federal Share of Short-Doyle/Medi-Cal	\$ 602,833	\$ 558,476	\$ (44,357)
Federal Share of Healthy Families	\$ 6,532	\$ 6,911	\$ 379
State General Funds EPSDT Due State	\$ 218,514	\$ 158,579	\$ (59,935)

Alan Yamamoto, Director June 10, 2009 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

「ONY GAA∕N, Supervisor

Audits - Bay & Central Region

Enclosures

CERTIFIED MAIL

SAN BENITO COUNTY MENTAL HEALTH SERVICES COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2005

		As Settled	A	Audit djustments		As Audited
NET REIMBURSABLE MEDI-CAL		 			_	
PROGRAM COSTS						
COUNTY PROVIDERS						
MEDI-CAL - FFP	(Sch. 2a)	\$ 564,006	\$	(16,950)	\$	547,056
HEALTHY FAMILIES - FFP	(Sch. 2a)	6,532		379		6,911
TOTAL FFP - COUNTY PROVIDERS		\$ 570,538	s	(16,571)	\$	553,967
CONTRACT PROVIDERS						
MEDI-CAL - FFP	(Sch. 3b)	\$ 38,827	\$	(27,407)	\$	11,420
HEALTHY FAMILIES - FFP	(Sch. 3b)	 0		0		0
TOTAL FFP - COTRACT PROVIDERS		\$ 38,827	\$	(27,407)	\$	11,420
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS					
MEDI-CAL - FFP		\$ 602,833	\$	(44,357)	\$	558,476
HEALTHY FAMILIES - FFP		6,532		379		6,911
TOTAL FFP - COUNTY PLUS CONTRACT F	ROVIDERS	\$ 609,365	\$	(43,978)	\$	565,387
CLINAMA DV. OF STATE CENEDAL ELDIDS						
SUMMARY OF STATE GENERAL FUNDS					_	
EPSDT - SGF	(Sch 4)	 218,514		<u>(59,935)</u>	\$	158,579

SAN BENITO COUNTY MENTAL HEALTH SERVICES COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

COUNTY OPERATED FEDERAL

<u>CO</u> 1	ONLY OF ERATED PEDERAL					Audit		
				As Settled		Adjustments		As Audited
Tate	Medi-Cal Gross Reimbursement		_	713 Delties	-	rujustireiris	_	As A Builtu
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	•	932,085	•	(26,638)	•	905,447
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		5,518		5,518
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0,2.0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		0		9,666		9,666
9.	Total	(13111700, 21121, 2111)	\$	932,085	- s -	(11,454)	<u>s</u> –	920,631
			==		= =		_	
Les	s: Patient & Other Payor Revenues							
	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		0		6,173		6,173
12.	•	(MH 1968, Ln 29)		0		0		0
13.	· · ·	(MH 1968, Ln 29)		0		0		0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15.		(MH1968, Ln 30)		0		0		0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18.	Total		\$_	0	_ \$ _	6,173	\$_	6,173
						_		
<u>Me</u>	di-Cal Net Reimbursement for Direct Services							
19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		932,085		(27,293)		904,792
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22.		(Ln 6 - Ln 15)		0		0		0
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24.	Healthy Families-O/P	(Ln 8 - Ln 17)	_	0		9,666	_	9,666
25.	Total		\$ =	932,085	_ \$	(17,627)	\$ _	914,458
Me	di-Cal MAA Reimbursement							
	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27.	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
28	Service Functions 21-19	(MH1979, Ln 13, Col. A)	_	0		0		0
29	Total	·	\$ _	0	_ s	0	\$_	0
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SAN BENITO COUNTY MENTAL HEALTH SERVICES COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

COUNTY OPERATED FEDERAL			As Settled		Audit Adjustments		As Audited
Amount Negotiated Rates Exceed Cost		_	Assetted	~	Adjustments	_	As Auditeu
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	s	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	•	0	٠	0	•	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total	(,,	\$_	0	\$_	0	\$_	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	157,400	\$	(12,257)	\$	145,143
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	110,427	_	(1,311)		109,116
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$_	110,427	-	(1,311)	_	109,116
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Li	mit (MH1979, Ln 8)	\$	0	\$	967	\$	967
41. Healthy Families Administration	(MH1979, Ln 9)	\$ _	0	\$	1,158	\$	1,158
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$_	0	\$	967	\$_	967
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	_45,109	\$	(12,069)	\$	33,040
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$_	10,328	\$	18,660	\$_	28,988
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	466,043	\$	(16,406)	\$	449,637
46. Enhanced (Children)	(MH1979, Ln 17,17A)		3,755		(168)		3,587
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 1	3)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		55,214		(656)		54,558
50. U.R. Skilled Professional	(MH1979, Ln 14)		33,832		(9,052)		24,780
51. U.R. Other	(MH1979, Ln 15)		5,164		9,330		14,494
52. Negotiated Rate-Payback	(MH1979, Ln 20)		_ 0		0		0
53. Subtotal- FFP		\$ =	564,006	\$	(16,952)	\$ _	547,056
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj #)	_	0	-	0		0
56. Total SD/MC Reimbursement - FFP		\$_	_564,006	\$	(16,952)	\$_	547,056
Net Healthy Families Reimbursement - FFP		-		-		•	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	6,532	\$	(249)	\$	6,283
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)	_	0		628		628
60. Total Healthy Families Reimbursement - FFP		\$_	6,532	- = \$	379	\$	6,911
61. Total - FFP (Ln 56 + Ln 60)		\$_	570,538	_ \$	(16,573)	<u> </u>	<u>5</u> 53,967
				-			(To Sch. 1)

SAN BENITO COUNTY MENTAL HEALTH SERVICES SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Medi-Cal	Enhanced -	Enhanced -	Total	Healthy	Medi-Cal	Enhanced -	Enhanced -	Total	Healthy
Legai		and Crossover	Children	Refugees	Gross Cost	Families	and Crossover	Children	Refugees	Gross Cost	Families
Entity		Gross Reimb.	Gross Reimb.	Gross Reimb.	(Excl. HFP)	Gross Reimb.	Gross Reimb.	Gross Reimb.	Gross Reimb.	(Excl. HFP)	Gross Reimb.
<u>Number</u>	Legal Entity		I N P		N I		<u> </u>		ATI	E N T	
		(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
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SAN BENITO COUNTY MENTAL HEALTH SERVICES SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

Legal Entity <u>Number</u>	<u>Legal Entity</u>		(11) Total Revenue (Excl. HFP) IN P.A. T (MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	Total Revenue (Excl. HFP) 0.0-T. P. A. (MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(16) Net Cost Healthy Families 下上を以下 (Col 5-12)	(Col 9-13)	Net Cost Healthy Families A: T.I. E. N. T	(19) Total MAA FFP Reimbursement (MH 1979, Ln 11-13)
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C	GRAND TOTAL	\$_	0 \$	0 \$	0 \$	0 \$	22,840 \$	0 \$	0 \$	0 \$	0

SAN BENITO COUNTY MENTAL HEALTH SERVICES SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

		(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Legal Entity		Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Total SD/MC Reimbursement	Healthy Families Reimbursement	Total Reimbursement	FFP Contract	Lower of FFP or Contract
Number	Legal Entity	INPA	TIENT	OUTPA	TIENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
		(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
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(GRAND TOTAL	\$0	0 \$	0 \$	0 \$	11,420 \$	0 \$	11,420 \$	25,700 \$	11,420

SAN BENITO COUNTY MENTAL HEALTH SERVICES COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2005

	_	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A,	18) (including contractors) (Adj. 5 \$	937,861 \$	(33,069) \$	904,792
(2) Total SD/MC Claims		1,199,545	0	1,199,545
(3) Percent % (Line 1/Line 2)		0.7818	(0.0275)	0.7543
(4) EPSDT Claims		630,581	0	630,581
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)		492,988	(17,341)	475,647
(6) Cost Settled Baseline for EPSDT		156,502	0	156,502
(7) Net Cost Settlement Amount (Line 5 - Line 6)		336,486	(17,341)	319,145
(8) 50% of Cost Settlement Amount (Line 7 x 50%)		168,243	(8,670)	159,573
(8a) FY 2001-02 EPSDT Settlement (48.64% of net cost (8))		149,635	0	149,635
(8b) Annual Local Growth (L. 8 - 8a)		18,608	(8,670)	9,938
(9) County Match 10% of Local Growth (8b x 10%)		1,861	(867)	994
(10) Net Cost Settlement Amount (L. 8 - 9)	(Adjustment 51)	166,382	(7,803)	158,579
(11) SGF Distribution (Settled and Audited)		218,514	0	218,514
(12) SGF Due State	(Adjustment 52)	(52,132) \$	(7,803) \$	(59,935) (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2004-2005, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF distribution (See DMH letter dated August 30, 2004 sent to Local Mental Health Directors)
 - Note: This amount may include payments not yet made but scheduled to be released as soon as funding becomes available. It may also include payments made in error in FY 06, which will be reversed in FY 06 and rescheduled for payment when funding becomes available.

 The original EPSDT Settlement letter shows SGF distributed \$218,514.25, which represents the county owed \$52,132.05 to the State. The county could not
- provide any documents to prove that this amount has been offset or already paid back to State. See <W/P II F 2-2> for detail.
- (12) Amount owed back to the state cannot be more than was paid.

Provide					Provider Number	T	No. of Adj.	7	Fiscal F	eriod	Ended
	SAN BENITO)			00035		52		June	30, 2	2005
	Report Refe	erence					As		Increase		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUST	MENTS		Reported		(Decrease)		Adjusted
				ADJUSTMENTS TO REPORTED COST	<u>rs</u>						
1	MH 1960	6	С	MEDI-CAL ADJUSTMENTS FROM MH 1961		\$	13,563	\$	(332)	\$	13,231
				To adjust Medi-Cal adjustments from MH 1961 to account for computation for fixed assets depreciation.	the changes in the						
2	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$	2,389,287	\$	(332)	\$	2,388,955
				To adjust allowable costs for allocation to reflect the effect of a 1 above.	adjustment						
3 4 5 6	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATION		\$ \$ \$	110,427 0 132,107 242,534	\$ \$ \$ =	(1,311) 1,158 139 (14)	\$ \$ \$ \$	109,116 1,158 132,246 242,520
				To adjust total administrative costs and its components to accin depreciation and other adjustments, and to agree with the c supporting documentation. The gross cost methodology was administrative costs to SD/MC, Healthy Families, and Non-SD	ounty records and utilized to distribute						
7 8 9 10	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To adjust total utilization review costs and its components to a County's records. It was also determined that operation costs		\$ \$ \$ -	45,109 10,328 66,320 121,757	\$ \$	(12,069) 18,660 (6,611) (20)	\$ \$ \$ \$	33,040 28,988 59,709 121,737
				support costs were originally included in SPMP when it should utilization review category. The redirection was done as well a the allowable costs to SPMP, Other UR, and Non-SD/MC UR I gross cost methodology which is consistent with the prior years	be in the other as distributing by utilizing the						
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provider	SAN BENITO				Provider Number 00035	No. of Adj. 52	1	eriod Ended 30, 2005
					00033	 -		T
Adj. No.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUST	MENTS	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO ALLOCATION OF COS MODE OF SERVICE	STS TO			
11 12 13 14 15	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	3 5 6 8 9	A A A A	HOSPITAL INPATIENT SERVICES (MODE 05 - ALL OTHER OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROG OUTREACH SERVICES (MODE 45) SUPPORT SERVICES (MODE 60) TOTAL To accurately reflect adjustments to the distribution of direct s modes of services as a result of adjustment 1 and 2.	RAM 2)	\$ 23,922 \$ 1,868,034 \$ 103,939 \$ 29,101 \$ 2,024,996	\$ (180) \$ (103,881) \$ (7) \$ 103,770 \$ (297)	\$ 23,742 \$ 1,764,153 \$ 103,932 \$ 132,871 \$ 2,024,698
				ADJUSTMENTS TO REPORTED TOTAL UNITS OF COUNTY PROVIDERS	SERVICE/TIME	<u> </u>		
16 17 18 19	MH 1966 MH 1966 MH 1966 MH 1966	2 2 2	BCDE	SFC 15-01 (Program 1) SFC 15-30 (Program 1) SFC 15-60 (Program 1) SFC 15-70 (Program 1) TOTAL To adjust total units of service to agree with the County's reco supporting documents. Phase II units of service were extracted Program 1 and settled in Program II.		55,114 574,061 170,757 64,318 864,250	(873) (9,044) (16,505) (11,505) (37,927)	54,241 565,017 154,252 52,813 826,323
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	SAN BENITO			•	00035	52	June :	30, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUST	MENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UN COUNTY PROVIDERS - PROGRAMS 1 A				
20 21 22 23 24 25 26	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/3 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/3 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/0 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/0 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the above mentioned settled units of service/time for Operated facilities to agree with the State DMH Approved Class	30/05 4 5 05 or the County nims Report	0 460,086 0 0 0 3,116 0 0 5,016 468,218	122,231 (136,440) 0 75 1,376 (1,156) 0 1,284 (1,504) (14,134)	122,231 * 323,646 * 0 * 75 * 1,376 * 1,960 * 0 * 1,284 * 3,512 * 454,084
	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	dated February 25, 2009 (Excluding disallowed claims of 14,3 auditor submitted workpapers to the County which shows the adjustments. Phase II was included. MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/3 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/3 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/05 TOTAL To adjust the State DMH Approved Claims Report dated Febr the results of the EPSDT audit findings. This audit was conduDMH Oversight Branch.	### ### ### ### ### ### ### ### ### ##	122,231 323,646 0 75 1,376 1,960 0 1,284 3,512 454,084	0 0 0 0 0 0 0 0	122,231 * 323,646 * 0 * 75 * 1,376 * 1,960 * 0 * 1,284 * 3,512 *
_				* Balance carried forward to subsequent adjustment. * Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.		eriod Ended
	SAN BENITO			·	00035	52	June	30, 2005
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUST	MENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UN COUNTY PROVIDERS - PROGRAMS 1 A				
	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/3 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 09/3 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 06/30/05 TOTAL	30/05 ** 4 ** 5 **	122,231 323,646 0 75 1,376 1,960 0 1,284 3,512 454,084	0 0 0 0 0 0 0	122,231 * 323,646 * 0 * 75 * 1,376 * 1,960 * 0 * 1,284 * 3,512 * 454,084
				To adjust the State DMH Approved Claims Report dated Februhe results of the QA/UR audit findings. This audit was conduDMH Oversight Branch.		Э		
27 28 29 30 31 32 33	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/3 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/3 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the SD/MC, Enhanced and Healthy Families units of to agree with the County's records dated April 2009. The auditor submitted work papers to the County which shows adjustments. Phase II was included.	f service/time	122,231 323,646 0 75 1,376 1,960 0 1,284 3,512 454,084	8,958 8,204 0 (75) (95) (220) 0 150 180 17,102	131,189 * 331,850 * 0 * 0 * 1,281 * 1,740 * 0 * 1,434 * 3,692 * 471,186
			,	* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r				Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	SAN BENITO				00035	52	June :	30, 2005
A -::	Report Refe	rence		EXPLANATION OF AUDIT ADJUST	MENTO	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	LAF LANATION OF ADDIT ADDOS			(200/0000)	
1				ADJUSTMENTS TO REPORTED SD/MC UN COUNTY PROVIDERS - PROGRAMS 1 A				
34 35	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/3 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 09/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/0 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/0 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the County's records to account for the units of sen-	30/05 ** 4 ** 5 ** 05 ** vice/time that the	131,189 331,850 0 0 1,281 1,740 0 1,434 3,692 471,186	(8,042) (6,304) 0 · 0 0 0 0 0 0 0 (14,346)	123,147 * 325,546 * 0 * 0 * 1,281 * 1,740 * 0 * 1,434 * 3,692 *
	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	removed since they are still included in the County's records, submitted work papers to the County which shows the details adjustments. Phase II was included. MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 06/30/05 TOTAL To adjust the State DMH Approved Claims Report dated February of the EPSDT audit findings. This audit was conducted the county of the EPSDT audit findings. This audit was conducted the county of the EPSDT audit findings. This audit was conducted the county of the EPSDT audit findings.	The auditor of the above *** 80/04 *** 80/05 *** 5	123,147 325,546 0 0 1,281 1,740 0 1,434 3,692 456,840	0 0 0 0 0 0 0	123,147 * 325,546 * 0 * 1,281 * 1,740 * 0 * 1,434 * 3,692 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r				Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	SAN BENITO) 			00035	0	June	30, 2005
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUST	MENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UN COUNTY PROVIDERS - PROGRAMS 1 A				
	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/3 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 09/3 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/3 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 06/30/05 TOTAL	0/05 ** ! ** 5 **	123,147 325,546 0 0 1,281 1,740 0 1,434 3,692 456,840	0 0 0 0 0 0 0	123,147 * 325,546 * 0 * 0 * 1,281 * 1,740 * 1,434 * 3,692 * 456,840
				To adjust the State DMH Approved Claims Report dated Febr the results of the QA/UR audit findings. This audit was condu DMH Oversight Branch.		е		
36 37 38 39 40	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/3 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/3 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 06/30/05 TOTAL To adjust the above mentioned units of service/time to incorpt of the lower of DMH approved units vs. the County's records by auditor submitted work papers to the County which shows detadjustments. Phase II was included.	o/05 ** 5 ** brate the controls y SFC. The	123,147 325,546 0 0 1,281 1,740 0 1,434 3,692 456,840	(176) (2,640) 0 75 0 0 (150) (180) (3,071)	122,971 322,906 0 75 1,281 1,740 0 1,284 3,512 453,769
				* Balance carried forward to subsequent adjustment. * Balance brought forward from prior adjustment.				

Provide		-			Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	SAN BENITO				00035	52	June	30, 2005
	Report Refe	rence			-	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUST	MENTS	Reported	(Decrease)	Adjusted
140.	301.	Line	COIL	ADJUSTMENTS TO REPORTED SD/MC UNI CONTRACT PROVIDERS	TS/TIME			
41 42	MH 1966A MH 1966A	8 8A	TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 TOTAL		0 <u>85</u> 85	(61) (60)	1 * 24 * 25
				To adjust the above mentioned settled units of service/time fo Operated facilities to agree with the State DMH Approved Claidated February 25, 2009 (Excluding disallowed claims of 0 up The auditor submitted workpapers to the County which shows above adjustments.	ims Report s/uot).			
43	MH 1966A MH 1966A MH 1966A	8 8A 10	TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 TOTAL	**	1 24 0 25	0 0 5 5	1 * 24 * 5 * 30
				To adjust the SD/MC, Enhanced and Healthy Families units of to agree with the County's records (Excluding disallowed claim The auditor submitted work papers to the County which shows above adjustments.	ns of 0 uos/uot).			
44	MH 1966A MH 1966A MH 1966A	8 8A 10	TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 TOTAL	** ** **	1 24 <u>5</u> 30	0 0 (5) (5)	1 24 0 25
				To adjust the above mentioned units of service/time to incorpo of the lower of DMH approved units vs. the County's records be auditor submitted work papers to the County which shows detain adjustments.	y SFC. The			
			, ,	* Balance carried forward to subsequent adjustment. * Balance brought forward from prior adjustment.				

Provide					Provider Number 00035	No. of Adj.)	Period Ended
	SAN BENITO				00035	52	June	30, 2005
Adj.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUST	MENTS	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO PATIENT AND OTH PAYOR REVENUES - COUNTY	<u>HER</u>			
45 46	MH 1968 MH 1968	28 28A	K	PATIENT AND OTHER PAYOR REVENUES 07/01/04 - 09/3/ PATIENT AND OTHER PAYOR REVENUES 10/01/04 - 06/3/ TOTAL		\$ 0 \$ 0 0	\$ 1,928 \$ 4,245 6,173	\$ 1,928 \$ 4,245 6,173
				To adjust patient and other payor revenues to agree with the and supporting documentation	County's records			
				ADJUSTMENTS TO REPORTED SD/MC SET COUNTY PROVIDERS	TLEMENT			
47 48	MH 1979 MH 1979	23 27	1 1	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL COUNTY PROVIDERS	SD/MC)	\$ 564,006 \$ 6,532 \$ 570,538	\$ (16,950) \$ 379 \$ (16,571)	\$ 547,056 \$ 6,911 \$ 553,967
			l	To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Far to adjustments to costs, revenues, units of service/time and the the Medical Oversight audit.	milies (FFP) due ne results of			
				ADJUSTMENTS TO REPORTED SD/MC SETT CONTRACT PROVIDERS	<u>rlement</u>			
49	MH 1979 MH 1979	23 27	J J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL CONTRACT PROVIDERS	SD/MC)	\$ 38,827 \$ 0 \$ 38,827	\$ (27,407) \$ 0 \$ (27,407)	\$ 11,420 \$ 0 \$ 11,420
	,			To adjust the SD/MC (FFP) and Healthy Families (FFP) due to units of service/time.	o adjustments			
				Natividad Medical Center (LE #00129) Reported Reimbursement	38,827			
				Adjustments \$ Adjusted Reimbursement \$	(27,407) 11,420		1	
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider			~ 		Provider Number	T	No. of Adj.	\top	Fiscal F	Period Er	nded
	SAN BENITO)			00035		52		June	30, 200)5
	Report Ref	erence					As		Increase		As
Adj.	Form/			EXPLANATION OF AUDIT ADJUST	MENTS	ĺ	Reported		(Decrease)	Ì	Adjusted
No.	Sch.	Line	Col.			 		+-		-	
				ADJUSTMENTS TO REPORTED EPSI STATE GENERAL FUND SETTLEMEN	<u>) </u>						
50	SCH 4	1	3	SD/MC ACTUALS				\$	(33,069)	\$	904,792
				o adjust SD/MC actuals as a result of adjustments to total computable Medical Costs is reflected in the MH 1979 forms for both the County Program and its contract roviders. The amounts utilized for this purpose was SD/MC and Enhanced for utpatient services only.							
51	SCH 4	10	3	NET COST SETTLEMENT AMOUNT	T COST SETTLEMENT AMOUNT		166,382	\$	(7,803)	\$	158,579
				To adjust net cost settlement amount as a result of adjustmen (Total Computable Medical), total SD/MC claims and EPSDT	To adjust net cost settlement amount as a result of adjustments to SD/MC actuals Total Computable Medical), total SD/MC claims and EPSDT claims.						
52	Sch 4	12	3	STATE GENERAL FUND DISTRIBUTION		\$	218,514	\$	(59,935)	\$	158,579
				To adjust State General Funds due State as a result of adjust Cost Settlement Amount and State General Fund Distribution.							
ļ											
}										ļ	
-										1	
}				* Balance carried forward to subsequent adjustment.							
1		1 1	1	** Balance brought forward from prior adjustment.		1				}	

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 7/05)

County: SAN BENITO

	Legal Entity: SAN BENITO COUNTY MENTAL HE	Α	В	С
Leg	gal Entity Number: 00035	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	1,731,852	940,393	2,672,245
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(259,973)	(259,973)
4	Other Adjustments from MH 1962	17,710	(54,258)	(36,548)
5	Total Costs Before Medi-Cal Adjustments	1,749,562	626,162	2,375,724
6	Medi-Cal Adjustments from MH 1961		13,231	13,231
7_	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			2,388,955
	Administrative Costs (County Only)			
9	SD/MC Administration			109,116
10	Healthy Families Administration			1,158
11	Non-SD/MC Administration			132,246
12	Total Administrative Costs			242,520
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			33,040
14	Other SD/MC Utilization Review			28,988
15	Non-SD/MC Utilization Review			59,709
16	Total Utilization Review Costs			121,737
<u> </u>				
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			2,024,698
	Total Coats Live Otherwood 40			0 000 05
[19]	Total Costs - Lines 9 through 18			2,388,955

State of California Health and Human Services Agency

DETAIL COST REPORT

MEDI-CAL ADJUSTMENTS TO COSTS

MH 1961 (Rev. 7/05)

County: SAN BENITO

Legal Entity: SAN BENITO COUNTY MENTAL HEA	Α	В	C
Legal Entity Number: 00035	Salaries		Total
	and Benefits	Other	Adjustments
1 Depreciation	-	13,231	13,231
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments		13,231	13,231

OTHER ADJUSTMENTS

MH 1962 (Rev. 7/05)

County: SAN BENITO

Legal Entity: SAN BENITO COUNTY MENTAL HEA	Α	В	С
Legal Entity Number: 00035	Salaries		Total
	and Benefits	Other	Adjustments
1 Adj. entries to remove 03/04 expenses:			
2 Professional and Spec Svcs		(29,765)	(29,765)
3 Care and Support		(31,655)	(31,655)
Adj. entries for 04/05 expenses paid in 05/06:			
5 Professional and Spec Svcs		7,162	7,162
6 Care and Support			
7 Moved Contract amt. of MD to Sal & Bene.	17,710		17,710
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19	-		
20 Total Adjustments	17,710	(54,258)	(36,548)

State of California Health and Human Services Agency

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 7/05)

County: SAN BENITO

	Legal Entity: SAN BENITO COUNTY MENTAL HEALTH SERVICES	A
Le	gal Entity Number: 00035	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	2,024,698
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	23,742
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,764,153
6	Outreach Services (Mode 45)	103,932
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	132,871
9	Total - Lines 2 through 8	2,024,698

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

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PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: SAN RENITO CR CR County Code: 35 Legal Entity: SAN BENITO COUNTY MENTAL HEALTH SERVICE A R Legal Entity Number: 00035 Service Service Service Service Service Service Mode: 05 - Other 24 Hour Services (All Other SFC) Mode Total Function Function Function Function Function Function 60 61 Allocation Percentage 100.00% 19 41% 80.59% Total Units 45 203 Gross Cost 23,742 4,608 19,134 Cost per Unit 102.40 94.26 SMA per Unit Published Charge per Unit 102 40 102.40 Negotiated Rate / Cost per Unit 07/01/04 - 09/30/04 Medi-Cal Units 8A 9 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Units 9A 10/01/04 - 06/30/05 10 07/01/04 - 09/30/04 Enhanced SD/MC (Children) Units 10A 10/01/04 - 06/30/05 10B Enhanced SD/MC (Refugees) Units 07/01/04 - 06/30/05 11 07/01/04 - 09/30/04 Healthy Families (SED) Units 11A 10/01/04 - 06/30/05 12 Non-Medi-Cal Units 45 203 13 07/01/04 - 09/30/04 Medi-Cal Costs 13A 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Medi-Cal SMA Upper Limits 10/01/04 - 06/30/05 14A 07/01/04 - 09/30/04 15 Medi-Cal Published Charges 15A 10/01/04 - 06/30/05 07/01/04 - 09/30/04 16 Medi-Cal Negotiated Rates 16A 10/01/04 - 06/30/05 17 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Costs 17A 10/01/04 - 06/30/05 18 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover SMA Upper Limits 18A 10/01/04 - 06/30/05 19 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Published Charges 19A 10/01/04 - 06/30/05 20 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Negotiated Rates 20A 10/01/04 - 06/30/05 21 07/01/04 - 09/30/04 Enhanced SD/MC Costs 214 10/01/04 - 06/30/05 22 22A 07/01/04 - 09/30/04 Enhanced SD/MC SMA Upper Limits 10/01/04 - 06/30/05 23 07/01/04 - 09/30/04 Enhanced SD/MC Published Charges 23A 24 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Enhanced SD/MC Negotiated Rates 24A 10/01/04 - 06/30/05 25 Enhanced SD/MC (Refugees) Costs 07/01/04 - 06/30/05 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/04 - 06/30/05 27 Enhanced SD/MC (Refugees) Published Charges 07/01/04 - 06/30/05 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/04 - 06/30/05 29 29/ 07/01/04 - 09/30/04 Healthy Families Costs 10/01/04 - 06/30/05 07/01/04 - 09/30/04 30 Healthy Families SMA Upper Limits 30A 10/01/04 - 06/30/05 31 07/01/04 - 09/30/04 Healthy Families Published Charges 31A 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Healthy Families Negotiated Rates 10/01/04 - 06/30/05

23,742

4,608

19,134

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 2 FISCAL YEAR 2004 - 2005

	County: SAN BENITO County Code: 35			CR	CR	CR	CR	CAW	• CAW
[Legal Entity: SAN BENITO COUNTY MENTA	AL HEALTH SERVICE	A	В 1		D	Ē	F	G
Legal	Entity Number: 00035	ALTICALITI SCITATOR		Service	Service	Service	Service	Service	Service
Logar	Mode: 15 - Outpatient Services (Progra	am 1)	Mode Total	Function	Function	Function	Function	Function	Function
1	model to odupation continue (1 toget		1	01	30	60	70	01	30
1 A	llocation Percentage		100.00%	4,36%	56.03%	29.58%	8.16%	0.06%	0.92%
	otal Units			54,241	565,017	154,252	52,813	786	9,298
	ross Cost		1,755,298	76,453	983,525	519,204	143,188	1,108	16,187
	ost per Unit	<u>ajanggan dan bijan</u>		1.41	1.74	3.37	25.50.55.50.50.50	1.41	1.74
	MA per Unit			1.89	2.44		2.71		
	ublished Charge per Unit			1.83	2.26	4.51 4.37	3.63 3.52	1.89	2.44
	egotiated Rate / Cost per Unit			1.00	2.20	4.01	3.52	1.03	2.20
	<u> </u>	<u> Parantina da Paran</u>		<u></u>				and the second	<u> </u>
<u>8</u> м	iedi-Cal Units	07/01/04 - 09/30/04		8,234	88,143	21,000	4,854		
8A	_ 	10/01/04 - 06/30/05		29,619	222,602	57,441	11,389		
9 M	edicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
9A		10/01/04 - 06/30/05			60	15			
10 Er	nhanced SD/MC (Children) Units	07/01/04 - 09/30/04		30	801		225		
10A		10/01/04 - 06/30/05		25	1,545	50	120		
11	nhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05		 					
11 He	ealthy Families (SED) Units	07/01/04 - 09/30/04		90	1,152	132 697			
11A	on-Medi-Cal Units	10/01/04 - 06/30/05		16,243	2,725 247,989	74,917	36,225	786	9,298
12	on-wedi-ca; onits			<u>a production de l'annuel l'allege</u>		naconacon		700 (9,290
13 M	edi-Cal Costs	07/01/04 - 09/30/04	248,882	11,606	153,431	70,685	13,160		
13A		10/01/04 - 06/30/05	653,453	41,748	387,483	193,343	30,878		
14 M	edi-Cal SMA Upper Limits	07/01/04 - 09/30/04	342,961	15,562	215,069	94,710	17,620		
14A		10/01/04 - 06/30/05	899,530	55,980	543,149	259,059	41,342		
15 M	edi-Cal Published Charges	07/01/04 - 09/30/04	323,127	15,068	199,203	91,770	17,086]
15A		10/01/04 - 06/30/05	848,390	54,203	503,081	251,017	40,089		
16 M	edi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A		10/01/04 - 06/30/05							
17		07/01/04 - 09/30/04							
17A M	edicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05	155		104	50			
18	edicare Madi Cal Consequer SMA Hanne Limite	07/01/04 - 09/30/04							
18A M	edicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05	214		146	68			
19	edicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
19A	edicare/Medi-Cai Crossover Published Charges	10/01/04 - 06/30/05	201		136	66			
20 M	edicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
20A	edicale/iviedi-Cal Ciossovei (regotiated Rates	10/01/04 - 06/30/05							
21 -		07/01/04 - 09/30/04	2.047	42	1,394	200000000000000000000000000000000000000	610		<u> </u>
21A En	nhanced SD/MC Costs	10/01/04 - 06/30/05	3,218	35	2,689	168	325	+	
22		07/01/04 - 09/30/04	2,828	57	1,954	- 130	817	+	
22A En	nhanced SD/MC SMA Upper Limits	10/01/04 - 06/30/05	4,478	47	3,770	226	436	+	
22		07/01/04 - 09/30/04	2,657	55	1,810		792		
23A En	hanced SD/MC Published Charges	10/01/04 - 06/30/05	4,178	46	3,492	219	422		
24	based CDMC Nametical Dates	07/01/04 - 09/30/04		 +		 +	 †	. —	
24A En	hanced SD/MC Negotiated Rates	10/01/04 - 06/30/05							
2777 Table 1	hanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	<u> </u>		<u></u>		<u> </u>	<u></u>	
		07/01/04 - 06/30/05							
		07/01/04 - 06/30/05				+			
		07/01/04 - 06/30/05					+	+	
125.75	<u>ૹ૱૱૱ૹૹ૱૱ૹૹઌઌઌ૽૽૱૱૱ૹ૿૽૱૱ૢઌ૽ૼૹઌઌ૽૽ૼ૱૱ઌઌૢ૱૱ઌઌ૱૱૱ઌ</u>	<u> Paritya eriya eriya eriya eriya e</u>	<u> </u>		orazona a		(11, 12, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14		4.5.4.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
29 He	ealthy Families Costs	07/01/04 - 09/30/04	2,450		2,005	444			
29A		10/01/04 - 06/30/05	7,216	127	4,743	2,346			
30 He	ealthy Families SMA Upper Limits	07/01/04 - 09/30/04	3,406	<u></u> _	2,811	595			
30A		10/01/04 - 06/30/05	9,963	170	6,649	3,143			
31 He		07/01/04 - 09/30/04	3,180		2,604	577			
31A	<u> </u>	10/01/04 - 06/30/05	9,369	165	6,159	3,046			
32 32A He		07/01/04 - 09/30/04				\longrightarrow	 -		
JZA	Santana arang manang manan	10/01/04 - 06/30/05		Here was a series	2.000.000.000.000			100270000000	0.000.000
05/03/2000/350	SI-Marti Cat Gostsi os final XLS		837,877	22,895	431,675	252,167	98,214	1,108	16,187

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 2 OF 2 FISCAL YEAR 2004 - 2005

County: SAN BENITO

		County Code: 35		CAW	CAW					
		Legal Entity: SAN BENITO COUNTY MENTA	AL HEALTH SERVICE	H		J	K	Ĺ	M	N
	Le	gal Entity Number: 00035		Service	Service	Service	Service	Service	Service	Service
	<u></u>	Mode: 15 - Outpatient Services (Progra	am 1)	Function	Function	Function	Function	Function	Function	Function
	<u></u>	···		60	70		L	 _	└	
	1_	Allocation Percentage		0.78%					 _	
	12_	Total Units		4,093		L	ļ	ļ	 _	<u> </u>
	3_	Gross Cost	an Garain aga ang ang ang ang ang	13,777	1,855		er er er er er er er er er	anders are	100 CO 100 CO 100 CO	al representative
	4_	Cost per Unit		3.37	2.71					
	5	SMA per Unit		4.51	3.63					
	6_	Published Charge per Unit	_ .	4.37	3.52				<u> </u>	
	7	Negotiated Rate / Cost per Unit			1	 	*****	, , , , , , , , , , , , , , , , , , ,		<u> </u>
	8	Adadi California	07/01/04 - 09/30/04							
	8A	Medi-Cal Units	10/01/04 - 06/30/05		1					
	9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
	9A	- Medicale/Medi-Cai Crossover Offics	10/01/04 - 06/30/05							
	10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04							
	10A	V ' '	10/01/04 - 06/30/05							
		Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05		L					
	11	Healthy Families (SED) Units	07/01/04 - 09/30/04	ļ	ļ					
	11A		10/01/04 - 06/30/05	' 	<u> </u>				ļ	لـــــــــــــــــــــــــــــــــــــ
	12	Non-Medi-Cal Units	*************************	4,093	684		. 	*		
	13	Modi Cal Costa	07/01/04 - 09/30/04		<u> </u>	*				
	13A	Medi-Cal Costs	10/01/04 - 06/30/05							
	14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04							
	14A	Miedi-Oat ONIA Opper Limits	10/01/04 - 06/30/05							
	15	Medi-Cal Published Charges	07/01/04 - 09/30/04							
	15A		10/01/04 - 06/30/05	<u> </u>	 					
	16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
	16A		10/01/04 - 06/30/05				*************	Teles Flandes Const		
	17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04							
	17A	Wiedicare/iviedi-Cai Clossovei Costs	10/01/04 - 06/30/05							
	18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04							
	18A	The distribution of the di	10/01/04 - 06/30/05							
	19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
	19A		10/01/04 - 06/30/05							
	20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
	20A	and an anni an	10/01/04 - 06/30/05				200000000000			1000200000
I	21	Enhanced SD/MC Costs	07/01/04 - 09/30/04							
	21A		10/01/04 - 06/30/05						1	
	22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04						I	
	22A		10/01/04 - 06/30/05							
	23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04							
	23A		10/01/04 - 06/30/05							
	24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04							
	24A		10/01/04 - 06/30/05						<u></u>	2-2-2
			07/01/04 - 06/30/05							
			07/01/04 - 06/30/05							
		Enhanced SD/MC (Refugees) Published Charges				\				
	28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05	3-1-0-1-1-1-1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	29		07/01/04 - 09/30/04							
	29A		10/01/04 - 06/30/05					7		
	30		07/01/04 - 09/30/04			7				
1	30A		10/01/04 - 06/30/05				1			
	31		07/01/04 - 09/30/04							
ĺ	31A		10/01/04 - 06/30/05	\longrightarrow						
i	32		07/01/04 - 09/30/04 10/01/04 - 06/30/05							
}	324		10/01/04 - 00/30/03		2000000000		2002000000000	212 212 E 212 2 2 2		00000000000
C'\County\Audit Production 04-05\Sen Benito 04-05\R	34300d	Non-MadicCal Roadsos final XLS		13,777	1,855					

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

	County Code: 35			MHS	MHS	ASO	TBS		
	Legal Entity: SAN BENITO COUNTY MENTA	AL HEALTH SERVICE	Α .	B	C	D	E	F	G
Lega	al Entity Number: 00035			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient Services (Progra	am 2)	Mode Total	Function	Function	Function	Function	Function	Function
1-10	Number Described		400 0004	39	69	32	58		
	Allocation Percentage		100.00%	23.67%	20.53%	35.13%	20.67%		
	Total Units Gross Cost		0.054	1,542	1,615	2,728	4,380		
			8,854	2,096	1,818	3,110	1,830	and the second	 - - - - - - - - - - - - -
	Cost per Unit			1.36	1.13	1.14	0.42		
	SMA per Unit			2.44	4.51	2.44	2.44		
	Published Charge per Unit								
7 1	Negotiated Rate / Cost per Unit								
8 .		07/01/04 - 09/30/04				740			
8A N	Medi-Cal Units	10/01/04 - 06/30/05			100	1,755			
0		07/01/04 - 09/30/04							
9A N	Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05							
10		07/01/04 - 09/30/04			225				
10A	Enhanced SD/MC Units	10/01/04 - 06/30/05			 -				
	nhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
111		07/01/04 - 09/30/04							
11AH	lealthy Families (SED) Units	10/01/04 - 06/30/05							
	ion-Medi-Cal Units	1 10/01/04 00/00/00		1,542	1,290	233	4,380		
2000									<u>alla de epot</u>
13 M	Aedi-Cal Costs	07/01/04 - 09/30/04	844			844			
13A		10/01/04 - 06/30/05	2,113		113	2,001			
14 M	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	1,806			1,806		1	
TAAL		10/01/04 - 06/30/05	4,733		451	4,282			
15 M	Medi-Cal Published Charges	07/01/04 - 09/30/04							
15A .		10/01/04 - 06/30/05							
16 M	ledi-Cal Negotiated Rates	07/01/04 - 09/30/04				1	{		
16A		10/01/04 - 06/30/05							
17		07/01/04 - 09/30/04							**********
17A M	ledicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05							
10		07/01/04 - 09/30/04							
18A M	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05	<u>-</u>						
10		07/01/04 - 09/30/04							
19A M	ledicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05							
20	to discount of the discount of	07/01/04 - 09/30/04							
20A M	ledicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05							
200	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		200		262	<u> </u>			
21 E	nhanced SD/MC Costs	07/01/04 - 09/30/04	253		253			———	
21A		10/01/04 - 06/30/05	1015		1,015				
22 E	nhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04	1,015		1,015				
22A		10/01/04 - 06/30/05	├						
23 23A E	nhanced SD/MC Published Charges	07/01/04 - 09/30/04	├						
		10/01/04 - 06/30/05						J	
24 E	nhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04			+				
24A		10/01/04 - 06/30/05	121212121212	nina managanina a	0,00,00,00,00		anditeinsteen	30.00.00.00	<u> </u>
25 Er	nhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
		07/01/04 - 06/30/05							
		07/01/04 - 06/30/05							
28 Er	nhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
29	· · · · · · · · · · · · · · · · · · ·	07/01/04 - 09/30/04					<u> </u>	<u> </u>	<u> </u>
29A H	ealthy Families Costs	10/01/04 - 06/30/05				 }		+	
20		07/01/04 - 09/30/04							
30A H	ealthy Families SMA Upper Limits	10/01/04 - 06/30/05							
21		07/01/04 - 09/30/04						 -	
31A H	ealthy Families Published Charges	10/01/04 - 06/30/05							
32		07/01/04 - 09/30/04					 -	+	
32A H		10/01/04 - 06/30/05				+		+	
		10,0,704 - 00,00,00	2-12-2-2-2-2						1414141414141
it Zonak L	GREMANDIO GAIRGA SIAS INNIXES	(5,644	2,096	1,452	266	1,830		

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: SAN BENITO

County Code: 35

CR CR

CR

1	Legal Entity: SAN BENITO COUNTY MENTAL HEALTH SERVIC	A	В	C	D	E	F	G
Le	Legal Entity Number: 00035		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach Services	Mode Total	Function	Function	Function	Function	Function	Function
			10	11	20			
1	Allocation Percentage	100.00%	37.24%	19.24%	43.51%			
2	Total Units		41,836	9,600	28,615			
3	Gross Cost	103,932	38,706	20,000	45,226			
4	Cost per Unit		0.93	2.08	1.58			
5	Non-Medi-Cal Units		41,836	9,600	28,615			
6	Non-Medi-Cal Costs	103,932	38,706	20,000	45,226	<u>anamanan haratarah</u>		

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: SAN BENITO

	County Code: 35		CR	CR	CR	CR		
	Legal Entity: SAN BENITO COUNTY MENTAL HEALTH SERVIC	A	В	C	D	E	F	G
L	Legal Entity Number: 00035		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support Services	Mode Total	Function	Function	Function	Function	Function	Function
			20	30	40	60		
1	Allocation Percentage	100.00%	5.09%	34.19%	59.12%	1.60%		
2	Total Units		1,290	8,571	1,347	385		
3	Gross Cost	132,871	6,762	45,432	78,554	2,123		
4	Cost per Unit		5.24	5.30	58.32	5.51	101-101-101-101-101-101-101-101-101-101	
5	Non-Medi-Cal Units (Same as Line 2)		1,290	8,571	1,347	385		
6	Non-Medi-Cal Costs (Same as Line 3)	132,871	6,762	45,432	78,554	2,123		

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

	County: SAN BENITO County Code: 35				BEImprise	EMENT TYPE	PC	,	Costs		}	Costs	l
Legal Entity: SAN BENITO COUNTY MENTAL HEALTH SERVICES		REIMBURSEMENT TYPE			E				 	J	K		
Leg	gal Entity Number: 00035						Total	1	·		Total		Total
			7	Mode 55		Total	Inpatient	 	,		Outpatient		Outpatient
			1	ł	Į	MAA	Mode 05	1	ł	Mode 15	Exclude	Mode 15	(Col 1 + Col. J)
1			1	S. F.'s 11-19.	f		Hospital Inpatient	Mode 05 Other 24 Hour	Mode 10	Outpatient Services	Program (2)	Outpatient Services	1
l l			S. F.'s 01-09	31-39	S. F.'s 21-29	1	Services	Services	Day Services	Program (1)	ĺ	Program (2)	ł
1	[07/0	1/04 - 09/30/04		andii ii ii aa					Day outvices	248.882	248,882	844	249,725
1A		1/04 - 06/30/05								653,453	653,453	2113	655.567
2		1/04 - 09/30/04								342,961	342.961	1.806	344.767
ZA.]	11/04 - 06/30/05						 		899,530	899,530	4,733	904.263
3		1/04 - 09/30/04	1					ļ	ļ	323,127	323,127	.	323.127
3A	67.0	01/04 - 06/30/05 01/04 - 09/30/04					 -	 	 	848,390	848,390		848,390
4A		11/04 - 06/30/05						 	 		·		
5A	Medi-Cal Gross Reimbursement 1070	11/04 - 09/30/04 11/04 - 06/30/05					ļ	 	 	248,882 653,453	248,882 653,453	844	249,725 655,567
**							23 23 23 24 27 27 2			033,433	333,733	2,113	635.367
6	Madicare/Medi-Cal Crossover Cost (07/0	1/04 - 09/30/04							ļ	l	<u> </u>	ļ ————————————————————————————————————	
5A	107/0	11/04 - 06/30/05 11/04 - 09/30/04						 	ļ	155	155		155
7A	Medicare/Medi-Cal Crossover SMA	1/04 - 06/30/05						 	ļ	214	214	 	214
8	07/0	1/04 - 09/30/04						l				000000000000000000000000000000000000000	
8A	Medicare/Medi-Car Crossover P. C.	1/04 - 06/30/05								201	201		201
9		1/04 - 09/30/04						1					
9A	10/0	1/04 - 06/30/05											
10	Medicare/Medi-Cal Crossover Gross Reim. 07/0	1/04 - 09/30/04											<u> </u>
10A		1/04 - 05/30/05								155	155		155
11	107/0	1/04 - 09/30/04			*******	*****	*****	*********	**************************************	248,882	248.882	844	249.725
11A		1/04 - 06/30/05								653,608	653,608	2.113	655.721
12	107/0	1/04 - 09/30/04			*********					2.047			2.300
12A	Enhanced SD/MC (Children) Coet 10/0	1/04 - 06/30/05				:::::::::::::::::::::::::::::::::::::				3,218	2.047 3.218	253	3,218
13	1070	1/04 - 09/30/04								2,828	2,828	1,015	3,843
13 13A		1/04 - 06/30/05								4.478	4,478		4,478
14		1/04 - 09/30/04								2,657	2.657		2.657
14A	110/0	1/04 - 06/30/05						L		4,178	4.178		4,178
15		1/04 - 09/30/04											
15A		1/04 - 06/30/05							*********	57.550.55			******
16	Enhanced SD/MC (Children) Gross Reim. 07/01	1/04 - 09/30/04								2.047	2.047	253	2,300
16A	1	1/04 - 06/30/05								3.218	3,218	444444	3,218
17		1/04 - 06/30/05											
18		1/04 - 06/30/05 1/04 - 06/30/05											
19	Enhanced SDMC (Refugees) N. R. 07/01	1/04 - 06/30/05		····	• • • • • • • • • • • • • • • • • • • •								
							and the second second			200000			
		1/04 - 09/30/04								250.928	250,928	1,097	252,025
21A		1/04 - 06/30/05 1/04 - 06/30/05								656,826	656,826	2,113	658,940
22		40 40 40 40 40 40 40 40 40 40 40 40 40 4						12.201.001.00	<u> स्वत्राच्या स्व</u>	encerred	2222222		
23		1/04 - 09/30/04								2,450	2,450		2,450
23A	10/01	1/04 - 06/30/05		النجنجين						7,216	7.216		7,216
24 24A		1/04 - 09/30/04 1/04 - 06/30/05				• • • • • • • • •				3,406 9,963	3,406 9,963		3,406
55 0	07/01	1/04 - 09/30/04			**********					3,180	3,180	1444444444	9,963 3,180
25A		1/04 - 06/30/05			100000					9,369	9.369		9,369
26	Healthy Families N. R. 67/01	1/04 - 09/30/04											
26A	10/01	/04 - 06/30/05											
27	107/01	/04 - 09/30/04								2.450	2,450		2,450
27A	Hearmy Families Gross Reim. 10/01	/04 - 06/30/05								7,216	7,216		7,216
	Less: Patient and Other Payor Revenue												
28		/04 - 09/30/04								1,928	1.928		1,928
28A	וטישון	/04 - 06/30/05								4,245	4,245		4,245
29	Enhanced SDMC (Children) Revenue												
30 31	Enhanced SD/MC (Refugees) Revenue Healthy Families Revenue		· · · · · · · · · · · · · · · · · · ·	:::::::::::::::::::::::::::::::::::::		::::::::: ::::::				+			
•		<u>and and all all and a</u>	:::::::::	<u> </u>				marana l	प्रकार स्टब्स्				
32	Total Expenditures from MAA (Mode 55)		******		-		-					• • • • • • • • • •	
33	Medi-Cal Eligibility Factor (Average) Revenue - MAA			स्थात्मक्षात्मका । स्थानमञ्जूषा	anana arab	•••••••••••••••••••••••••••••••••••••••	::::::::::: :	***************************************				****	
3					-								
35.		/04 - 09/30/04		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			l		!	249.000	249,000	1.097	250,097
23A	Net Due - Enhanced SD/MC (Refugees)	/04 - 06/30/05				***************************************				652,581	652,581	2,113	654,695
36 37	07.01	/04 - 09/30/04			niddiddid	diddddd				2,450	2.450		2,450
37A		/04 - 06/30/05								7,216	7,216		7,216
::::	Amount Negotiated Rates Exceed Costs							:::::::: :		•			
38	107/04	/04 - 09/30/04			::::::: :		***************************************						الملتان فالمتناد فيتنادون
38A	SUMC (Includes Childrell) 10/01	/04 - 06/30/05											
39	Enhanced SD/MC (Refugees)					100000000000000000000000000000000000000							
40 (Healthy Families 07/01	/04 - 09/30/04 /04 - 06/30/05	The street			Γ				T			
IOA					しょうしょうしょう かんしゅじゅう					,			

State of California Health and Human Services Agency DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

County: SAN BENITO County Code: 35

Legal Entity: SAN BENITO COUNTY MENTAL	HEALTH SERVICES	A	В	C	D	F	T	T	Т	T .	
Legal Entity Number: 00035		Total	Total	Total		50.00% FFP	50.00% FFP	50.00%	Variable %	75.00%	Total
SD/MC Administrative Reimbursement (County Or		MAA	Inpatient	Outpatient	Total	j PPP Programma	A PPP	FFP	FFP	FFP	FFP
1 County SD/MC Direct Service Gross Reimburseme				910,965	910,965						
2 Contract Providers Medi-Cal Direct Service Gross			56,656	910,903	56,656						
13 Total Medi-Cal Direct Service Gross Reimburseme			30,030		967,621						
4 Medi-Cal Administrative Reimbursement Limit					145,143						
5 Medi-Cal Administration					109,116						
6 Medi-Cal Administrative Reimbursement					109,116	54,558					54,558
Healthy Families Administrative Reimbursement (C	County Only)										
7 County Healthy Families Direct Service Gross Rein	nbursement			9,666	9,666						
7A Contract Providers Healthy Families Direct Service											
7B Total Healthy Families Direct Service Gross Reimb					9,666						
8 Healthy Families Administrative Reimbursement Li	mit				967						
9 Healthy Families Administration					1,158						
10 Healthy Families Administrative Reimbursement					967	<u> </u>			628		628
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 09											
	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)				**************************************						
14 Utilization Review-Skilled Prof. Med. Personnel (Co	ounty Only)				33,040					24,780	24,780
15 Other SD/MC Utilization Review (County Only)					28,988	14,494					14,494
16	07/01/04 - 09/30/04			247,797	247,797		123,899				123.899
	10/01/04 - 06/30/05			651,476	651,476			325.738			325,738
17 Enhanced CD/MC Mat Balanta (Children)	07/01/04 - 09/30/04			2,300	2,300				1,495		1,495
	10/01/04 - 06/30/05			3,218	3,218				2,092		2,092
18 Enhanced SD/MC Net Reimb. (Refugees)											
19 Total SD/MC Reimbursement Before Excess FFP											547,056
20 Amount Negotiated Rates Exceed Costs - SD/MC	& Enh. SD/MC										
21 Total SD/MC Reimbursement (FFP)											547,056
22 Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)											547,056
	7/01/04 - 09/30/04			2,450	2,450				1,592		1,592
24A 1	10/01/04 - 06/30/05			7,216	7,216				4,691		4,691
25 Total Healthy Families Reimbursement Before Exce											6,911
26 Amount Negotiated Rates Exceed Costs - Healthy I	Families										
27 Total Healthy Families Reimbursement											6,911